CHECK THE STATUS

A feature of the MMIS Eligibility screen is that you can view a member's previous eligibility history to include cancelled and voided lines of coverage. When an eligibility line is voided or replaced by a greater line of coverage the original line will automatically be dropped to the bottom under the active and cancelled lines of coverage and the status will be changed to "V" for void. The status of an eligibility line is found in the Status column on the far right hand side of the eligibility line. **"A" = Active, "C" = Cancelled", and "V" = Void.**

GOVERNOR'S ACCESS PLAN (GAP)

The GAP program covers uninsured, low-income adults between the age of 21 and 64 years who have serious mental illnesses, but who are not eligible for any existing full-benefit medical assistance entitlement program. The eligibility and case maintenance for GAP is handled by dedicated staff in the Cover Virginia GAP Unit. LDSS staff members are not responsible for GAP cases, but are involved in the transfer process when individuals transitioning back and forth between GAP and Medicaid or FAMIS MOMS.

Questions regarding GAP cases should be directed to the Cover Virginia Inbox at:
USA.CoverVA.DSS.Comm@Xerox.com

Incarcerated Disabled Individuals

When an individual is incarcerated benefits that are administered by the Social Security Administration (SSA) are suspended. Even though the individual's benefits are suspended by SSA, they still continue to meet the definition of a disabled individual while they are incarcerated, unless it is reported that they are no longer disabled.

DMAS Contact Information

Eligibility & Enrollment Inbox:
enrollment@dmas.virginia.gov
Patient Pay Inbox:
patientpay@dmas.virginia.gov
Buy-In Inbox
buyin@dmas.virginia.gov
HIPP Inbox
hipp@dmas.virginia.gov
CoverVA/GAP Unit:
usa.coverva.dss.comm@xerox.com

Additional DMAS contact information can be found in Chapter A of the MMIS User's Guide located on the EEU Webpage at:
http://dmasva.dmas.virginia.gov/content_pgs/dss-elgb_enrl.aspx

RELOCATING FROM ANOTHER STATE

Effective in Transmittal #100 (M0130.300 & M1510.100), an applicant who has been receiving medical assistance coverage in another state prior to moving to Virginia is no longer considered a resident of the other state once he has moved to and intends to reside in Virginia. The applicant's enrollment begins with the month of application or earliest month in retroactive period that residency requirements were met per Medicaid Manual Chapter M0230.

The local agency worker should instruct the applicant to contact his worker in the other state to report their move to Virginia and request cancellation of their medical assistance benefits in that state.

Streamlined Procedure for Deemed Newborns!

There is no longer a requirement for an application to be filed for newborns turning age one; they are deemed to have applied and are now only required to complete a renewal. M0120.150

MMIS TIP – DUPLICATE REVIEWS

EEU Staff members work duplicate member review requests in the MMIS periodically throughout each day. About 100 requests are received per day from local DSS agencies. After a determination of the request is made staff members will take action to either approve "A" or deny "D" each request. The local agency worker will need to review the Duplicate Member Review screen in the MMIS to see if their request has been approved or denied or if it is still pending "P". An email can be sent to the Enrollment Inbox regarding a duplicate review if; a user believes that the review has been denied in error (include the reason why it is not a duplicate), if a review is being requested for individuals who have pseudo SSN's and very similar names and dates of birth, or if the request requires immediate attention due to timely processing or some other time sensitive matter. The email must include the member ID number that the user is attempting to add or change in order for EEU staff to assist.

Save the Date!
The next MMIS WebEx training sessions are:
11/4/2015 & 11/12/2015   A broadcast with registration links can be expected in the October 2015.

POLICY REVISION - ADDRESSES

The Address Confidentiality Program (ACP) provides services to domestic violence and stalking victims. The goal of the ACP, which is administered by the Office of the Attorney General, is to help domestic violence and stalking victims keep their address confidential.

When in an individual is in the (ACP) and the individual is covered on the abuser's private health insurance plan, the LDSS should not add the insurance as a third party liability (TPL) into the enrollment system.

If an individual is already receiving medical assistance at the time of entry into the ACP the LDSS worker should delete the TPL information and notify the DMAS TPL Unit of the member's ACP status by email at tplunit@dmas.virginia.gov. The TPL Unit will ensure that the private insurance is not billed or subsequently added back to the individual's case record based on a data match with the insurance company.

HELP SCREENS

The MMIS WebHelp provides information regarding the screen which it was accessed from. A general overview of the screen is provided as well as definitions for each field that is on that screen. The WebHelp also contains tables which show the valid values that can be used within the fields on the screen. Additionally, WebHelp can be used to find the definition of enrollment error messages or eligibility rules.

The easiest way to access WebHelp is to click on the word "Help" at the top right of the screen for which assistance is needed. A window will open for the MMIS WebHelp. The Help topic that will display is for the screen from which the help was accessed. The table of contents will appear in the far left pane; chapters expand to reveal topics when clicked. The pane on the right hand side will have information specific to the screen. Hyperlinks (the blue underlined texts) provide additional information such as code lists and valid value descriptions when clicked.

To view the table of valid values for a particular field select the corresponding hyperlink. For example, if WebHelp was accessed from the Eligibility Data screen and the user wants to access the listing of valid values for the Aid Category field, scroll down to the screen to the section titled Aid Category and click on the blue hyperlink in that section. A new window will open which will display the general information for the aid category field followed by a listing of all of the valid values that are available for use as well as those that have been discontinued.

Questions about this process can be directed to Sarah Samick, DMAS Enrollment Supervisor at sarah.samick@dmas.virginia.gov.

Overdue Medicaid Renewals

Per policy changes made in Transmittal 100 in Medicaid Manual Chapter M0120.500; all overdue renewals must be completed prior to transferring a case to a new locality. This policy revision includes those cases that are Medicaid-SNAP.